



**Cobb County Business License Division**

**Mailing Address : P.O. Box 649**

**Marietta, GA 30061-0649**

**Office Location: 1150 Powder Springs Street, Suite 400**

**Marietta, Georgia 30064**

**Phone (770) 528-8410 Fax (770) 528-8414**

**Web site Address - [www.cobbcounty.org](http://www.cobbcounty.org)**

**Email Address: [businesslicense@cobbcounty.org](mailto:businesslicense@cobbcounty.org)**

**Application For Corporation or Limited Liability Company LLC  
Occupation Tax Certificate**

A Certificate of Registration from the Secretary of State or Articles of Organization must accompany this application. To obtain information on becoming incorporated or an LLC please call (404) 656-2817. The application must be filled out **completely** to obtain a Cobb County Occupation Tax Certificate. Payment must be filed with the application to obtain a Cobb County Occupation Tax Certificate. This application will not be processed if it is not accompanied by the appropriate tax or fee. **You will not be billed.** Please print with ink or type. For further information on determining tax and/or fee amount see our website at [www.cobbcounty.org](http://www.cobbcounty.org), and click on Business, Business License Division, then Business Registration.

This Business is: ☐ New Application  
☐ Ownership Change / Date ownership changed \_\_\_\_\_  
☐ I am filing a name/or address change for # \_\_\_\_\_

Is this business located: ☐ Outside Cobb ☐ In Unincorporated Cobb ☐ Inside a City

1. Name Doing Business As \_\_\_\_\_ Business Phone # ( ) \_\_\_\_\_

2. Name of Corporation/ LLC \_\_\_\_\_

3. Business Address \_\_\_\_\_ Suite# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Mailing Address \_\_\_\_\_ Suite# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

5. Is property zoned? ☐ Residential ☐ Commercial ☐ Industrial Fax # \_\_\_\_\_

6. Full Detailed Description of Business \_\_\_\_\_

7. Estimated Gross Receipts in GA from this location for the current calendar year \$ \_\_\_\_\_

Gross Receipts in GA from this location for the calendar year prior to this application \$ \_\_\_\_\_

Gross Receipts in GA from this location for the year two calendar years prior to this application \$ \_\_\_\_\_

8. Date Business began in Cobb County \_\_\_\_\_ # of employees in Cobb \_\_\_\_\_

9. State Sales Tax ID # \_\_\_\_\_ Federal ID # \_\_\_\_\_

10. President/Managing Member \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

11. Vice President/ Member \_\_\_\_\_

Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

12. Secretary/ Member \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

13. Treasurer/ Member \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

14. Person completing application \_\_\_\_\_  
Business Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

15. Name of manager(s) of this location \_\_\_\_\_

16. Have you the applicant, or anyone having any ownership of this business ever violated, been arrested, or convicted of any Federal or State Law, or any ordinance or resolution regulating any business? \_\_\_\_\_ If yes, please list all dates and locations of the offenses and disposition of charges \_\_\_\_\_  
\_\_\_\_\_

17. Are you, the applicant the corporation, LLC or any shareholder currently delinquent in payment of any taxes or fees to any state or local government? \_\_\_\_\_ If yes, Please indicate the type of tax or fee, and the amount due with the reason the tax is delinquent. \_\_\_\_\_  
\_\_\_\_\_

If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 12,500 pounds gross weight used as transportation by the occupant may be parked at the residence.

I swear or affirm that I have obtained or will obtain within sixty days of the date of this application a Cobb County Certificate of Occupancy as required by State law for the address listed on this application. I further understand I will call the Fire Marshal's office with any questions regarding a Certificate of Occupancy at (770) 528-8310.

I will comply with the Zoning  
Restrictions stated above: \_\_\_\_\_  
(initials)

Signature: \_\_\_\_\_

I, \_\_\_\_\_, affirm that the facts stated by me are true, I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and/ or revocation of the license. I understand that all signs displayed on my premise must be permitted by the Cobb County Community Development Agency. I further understand that my business must be operated in compliance with all applicable state, federal & local laws, ordinances & regulations, & that the granting of this occupation tax certificate or payment of this occupation tax does not waive the right of any federal, state or local entity to regulate & enforce such laws, ordinances & regulations.  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of applicant \_\_\_\_\_  
( ) Owner ( ) Manager ( ) Other specify \_\_\_\_\_

**THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE FIRE PREVENTION BUREAU AND/ OR THE DEPARTMENT AND INSPECTIONS DIVISION.**

**OFFICE USE ONLY:**

Occ. Tax Cert. # \_\_\_\_\_

SIC Description \_\_\_\_\_ Category \_\_\_\_\_ BL STAFF \_\_\_\_\_

Due current yr \_\_\_\_\_ Due previous yr \_\_\_\_\_ Due for 2 yrs prior to current yr \_\_\_\_\_

Penalty \_\_\_\_\_ Interest \_\_\_\_\_ Total Due\$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Method of payment: CASH / CHECK # \_\_\_\_\_ Zoning Division \_\_\_\_\_ Approved/Denied  
(circle one) (circle one)

REVISED 11/11

**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from  
\_\_\_\_\_ [*name of government entity*], the undersigned applicant  
verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:  
\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: